



**APPLICATION FOR REGISTRATION OF CONTINUING EDUCATION PROVIDER
GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS**

237 Coliseum Drive • Macon, Georgia 31217

Phone (404) 424-9966 • Fax: (866) 888-1176

www.sos.ga.gov/plb/cosmetology

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Cosmetology/Hair Design/Nail Technology/Esthetics/ Master Barber/Barber II in the State of Georgia.

***** IMPORTANT *****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board and will delay the processing of your registration. Review your application before submitting it to ensure all information and documentation is complete and correct.

REGISTRATIONS FOR CE PROVIDERS ARE ONLY ACCEPTED

APRIL 1, 2021 - SEPTEMBER 1, 2021.

Registrations postmarked after September 1, 2021 **WILL NOT BE ACCEPTED** under any circumstances.

If approved by the Board, this application's Registration will be valid January 1, 2022 through December 31, 2023.

APPLICATION CHECKLIST

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application. We recommend you keep a copy of your application for your records.

- ☐ **NON-REFUNDABLE FEE(s):** Initial Package \$200.00; The payment must be made by check or money order payable to the Georgia State Board of Cosmetology and Barbers. DO NOT SEND CASH OR COUNTER CHECKS. Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
- ☐ **NOTARIZED APPLICATION:** **NOTARIZED APPLICATION & AFFIDAVIT:** The complete application must be mailed to the Board's office at the address listed above, along with your FEE.
- ☐ **ELECTRONIC SUBMISSION:** Submit electronic copy (Thumb Drive or Jump Drive) of proposed **curriculum** for each course in a Windows compatible format. **Curriculum is not an outline. It is the topics covered and any documents included in the lesson plan.**
- ☐ **ANSWER ALL QUESTIONS:** All questions must be answered. Applicants who must answer "Yes" to the arrest/conviction question must submit a **certified** copy of the final court disposition with a letter of explanation, as well as a letter from probation/parole officer with a current status of probation or stating the case has been closed. Applicants who answer "Yes" to the sanction/disciplinary questions must provide a **certified** copy of the agency order showing the action taken by the other state licensing board. **Approval of registration is at the Board's discretion.**
- ☐ **SECURE AND VERIFIABLE DOCUMENT (SVD) –** Enclosed is a copy of my Driver's License, Passport, or other document **OR a copy of my current immigration document(s)** which includes either my Alien number or I-94 number and SEVIS number if needed. **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 issued August 1, 2011 by the Office of the Attorney General, Georgia:**

The list of secure and verifiable documents, published under the authority of The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") on the Department of Law's website pursuant to O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>

- ❑ SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE – DO NOT STAPLE** pages or check/money order. Do not fold pages of the application. Make check/money order payable to Georgia State Board of Cosmetology and Barbers submit to 237 Coliseum Drive, Macon, GA 31217. We recommend using US Mail or private courier (UPS, FedEx, etc.) with tracking. Keep a copy of your application for your records.

.....

For your reference, below is a copy of the Board Rule for Continuing Education Providers and Courses:

BOARD RULE 240-3-.02 REGISTRATION OF CONTINUING EDUCATION PROVIDERS AND CONTINUING EDUCATION COURSES.

- (1) **Continuing Education Provider registration.** All Continuing Education (“CE”) Providers must submit a complete application, including CE courses submitted for approval, and the required registration fee. An incomplete application will not be processed and will be returned to the applicant provider. Any CE provider wishing to add CE courses for Board approval that were not part of an initial application must submit an application for additional courses with the required registration fee.
- (2) **Approved CE Courses.** To be accepted by the Board for the purpose of license renewal or reinstatement, a CE course must be approved by the Board, or be a CE course developed by the Board, or be a CE course offered by an approved and/or registered CE provider in compliance with this Rule. To receive CE credit, each CE course provider shall provide each licensee written proof of completion of the CE course. The Board shall not recognize CE courses other than those authorized by Georgia law and Board rules.
- (3) **Preapproved CE course providers.** Courses in cosmetology, barbering, barber II, hair design, nail technology, esthetics, computers, business, or health and safety offered by the following providers shall satisfy CE requirements without prior Board approval or registration:
 - (a) a college, university department, or division of continuing education under the jurisdiction of the Board of Regents of the University System of Georgia, the Georgia Department of Education, the Technical College System of Georgia;
 - (b) the American Red Cross;
 - (c) an accredited postsecondary institution in Georgia;
 - (d) continuing education and conference courses offered by the following national organizations:
 1. National Interstate Council of State Boards of Cosmetology (NIC);
 2. National Association of Barber Board of America (NABBA);
 3. National Accrediting Commission of Career Arts & Sciences (NACCAS); and
 4. Professional Beauty Association (PBA).
- (4) **Industry or trade show course registration.** Providers of industry or trade show courses are providers that offer CE courses for credit for a limited time only at industry or trade shows. Providers of industry or trade show courses that wish to register courses for CE credit must submit an application and supply the following information to the Board for course approval:
 - (a) date, time, and location;
 - (b) sample or description of the certificate, letter, or form to be used as written proof of course attendance or completion for licensee participants;
 - (c) course outline; and
 - (d) number of CE hours for each course.

(5) **Course of study registration.** Providers of courses of study that wish to register courses for CE credit must submit the following information to the Board for course approval:

- (a) outline of subject matter;
- (b) list of persons teaching;
- (c) summary of qualification of teachers;
- (d) number of CE hours for each course;
- (e) date and location of course;
- (f) form to be used as written proof of course completion for licensee participants; and
- (g) course evaluation form.

(6) **Internet, electronic or home study course registration.** Providers of Internet, electronic or home study courses must submit the same information for registration with the Board as the providers of courses listed in paragraph (5) of this Rule with access information, which will allow review and curriculum analysis by the Board.

Access information includes an assigned username and password which the Board and staff will use to monitor the program for compliance purposes.

(7) **Board developed courses.** The Board shall develop and/or approve an appropriate continuing education course covering board rules, Georgia law, and/or health and safety information for licensees. The health and safety continuing education course shall contain curriculum that is board developed or board approved.

(8) **All CE providers shall:**

- (a) not represent themselves, or use any images, seals, or words that directly or indirectly imply that the provider is the Georgia State Board of Cosmetology and Barbers or the Georgia Office of the Secretary of State. The prohibition against such representations shall include all promotional material including, but not limited to, provider name, course or business name, websites, advertisements, e-mails, marketing, or mailings. Providers may use the Board-approved CE provider registration number assigned by the Board;
- (b) not represent that tests of knowledge or skills are required as proof of successful completion of any CE course;
- (c) give each licensee written proof of the licensee's attendance and completion of a CE course. The CE provider registration number issued by the Board must be included on the certificate of completion;
- (d) shall maintain a roster of participants completing each CE course that includes the participant's board license number, licensee name, course number, course name, date of course completion, and course evaluation form. The Board may require providers to provide access to this roster for inspection or submission to the Board for review upon request at any time;
- (e) not represent that any call-in or mail-in continuing education courses are recognized or approved by the Board. CE providers that market call-in or mail-in courses as being Board-approved for CE credit are subject to revocation of their provider registration. In addition, any CE course credits for such courses shall not be valid and shall not be accepted by the Board; and
- (f) provide the complete board-approved health and safety curriculum in its entirety to all registrants of Board approved CE courses offering credit for health and safety CE hours.

(9) **CE Courses not registered with the Board.** Any licensee may request Board approval of an unregistered industry or trade show or other unregistered course of study for CE credit. The Board, in its discretion, may approve such course on a

case by case basis. All licensees shall receive written proof of attendance and/or completion of CE courses from the provider and the licensee shall submit such proof to the Board.

- (10) **CE Provider promotion information.** CE Providers of continuing education courses must include the provider registration number issued by the Board on all promotional material including, but not limited to, information about courses, websites, advertisements, emails or mailings.
- (11) **CE Provider registration and expiration dates.** The Board will accept applications for CE Provider registrations beginning April 1 and closing September 1 of each odd year beginning in 2017, and each odd year thereafter:
- (a) CE Providers must submit a new CE Provider application registration bi-annually to the Board. CE Provider registrations are not renewable;
 - (b) After approval, the CE Provider is authorized, subject to the requirements of the Board, to offer approved Continuing Education (CE) courses for a two-year period, beginning on January 1 of the even year immediately following the year of registration with the Board;
 - (c) CE provider registrations shall expire on December 31 of each odd year;
 - (d) CE providers registered prior to 2017 shall continue to be registered/recognized by the Board to offer Board approved CE courses until their registration expires on December 31, 2017; and
 - (e) Industry or Trade Show CE Course Providers are not subject to the provisions of paragraph 11 of this rule, and must register under the requirements of paragraph 4.
- (12) The Board may suspend the registration of any CE Provider for noncompliance with this rule.

All courses currently registered with the Board will expire on December 31, 2021



GEORGIA STATE BOARD of
COSMETOLOGY AND BARBERS
237 Coliseum Drive • Macon, GA 31217
Phone (404) 424-9966
www.sos.ga.gov/plb/cosmetology

Date Entered _____

Receipt # _____

Submitted \$ _____

Date Issued _____

APPLICATION FOR CONTINUING EDUCATION PROVIDER

(Fees are Non-Refundable & Non-Transferrable)

Initial Package \$200.00 (New CE Providers – **accepted 4/1/21 through 9/1/21 only**)

CE Courses offered for the following license types (Please check all that apply):

- ☐ Master Cosmetologist ☐ Hair Designer ☐ Esthetician ☐ Nail Technician
☐ Master Barber ☐ Barber II ☐ Cosmetology Instructor
☐ Hair Designer Instructor ☐ Esthetician Instructor ☐ Nail Technician Instructor ☐ Barber Instructor

☐ **Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard)**

Name of Provider/Sponsor (to appear on license and on website):

(Please print legibly)

Federal Employee Identification Number or Owner's Social Security Number:

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 AND O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 101.

MAILING ADDRESS (address where the CE Provider/Sponsor will receive mail from the Board):

P.O. Box OR Number and Street Apt. No. City/State Zip Code

Physical Address Where CE Provider/Sponsor Is Located:

(NO P.O. Box) Number and STREET NAME Suite Number City/State Zip Code

If you are granted a registration, your name, address and registration number becomes public information and will be posted on the Secretary of State's website.

TELEPHONE: _____ **WEBSITE:** _____
Telephone Number Cell Telephone Number

EMAIL

E-Mail Address **(please print clearly)**

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any email address change. Your email address will not be shared with any third party.

OWNER OR MANAGER INFORMATION PAGE
--

OWNER (or manager)

(PLEASE PRINT)	First	Middle	Last
----------------	-------	--------	------

Mailing Address	Number and Street	Apt. No.	City/State Zip
------------------------	-------------------	----------	----------------

Social Security Number	_____	- _____	- _____	
-------------------------------	-------	---------	---------	--

If you hold a license issued by the Professional Licensing Boards, what is the license number(s)?

OWNER 2

(PLEASE PRINT)	First	Middle	Last
----------------	-------	--------	------

Mailing Address	Number and Street	Apt. No.	City/State Zip
------------------------	-------------------	----------	----------------

Social Security Number	_____	- _____	- _____	
-------------------------------	-------	---------	---------	--

If you hold a license issued by the Professional Licensing Boards, what is the license number(s)?

Note: If there are more than two (2) owners, please submit this form for all owners.

EACH Owner or Manager Must Answer the Below Questions:

☐ Yes ☐ No



1. Have **all owners** (or manager) completed page 2 of this application titled "Owner or Manager Information Page" and have **all owners** (or manager) completed a **separate** page 4 of this application titled "Owner Affidavit"?

☐ Yes ☐ No



2. Have the owner(s) or manager **ever** been **arrested** or **convicted** of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding or verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge(s).

NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. If you answered "Yes" to the question regarding arrest/court convictions, you must submit the following to the Board:

- (a) Submit a letter of explanation and certified copy of final court disposition from the county(s) in which you were arrested/convicted. The court document should include the charges and sentencing information.
- (b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit certified documents from the courts verifying case closed and completion of probation / parole

CE Provider Name

Owner (or Manager) Name(s)

3. Has any licensing board or agency in Georgia or any other state ever:

☐ Yes ☐ No



- (a) Denied an owner(s) application for licensure, renewal, or reinstatement?

☐ Yes ☐ No



- (b) Revoked, suspended, restricted, sanctioned, or probated an owner(s) license?

☐ Yes ☐ No



- (c) Requested or accepted surrender of an owner(s) license?

☐ Yes ☐ No



- (d) Reprimanded, fined, or disciplined an owner(s)?

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board. Provide the name of the agency or board in the space provided:

Owner's (or Manager) Name

Name of State Board or Agency

NOTARIZED SIGNATURE BY OWNER (or Manager)



OWNER AFFIDAVIT

(Each Owner Must Submit a Separate Affidavit)

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Cosmetology and Barbers and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate (Check or initial beside #1 or #2 below):

- 1) _____ I am a United States citizen least 16 years of age or older. **You must submit a copy of your current photo ID or Secure and Verifiable Document(s) such as driver's license, passport, or other document.**
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is at least 16 years of age or older and has enclosed at least one form of acceptable identification such as a Secure and Verifiable Document as required by O.C.G.A. § 50-36-1(e)(1), with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Print Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL

LIST OF COURSES TO BE OFFERED **ONLINE**

****Do Not Include Instructor Courses****

Website address: _____

Username: _____ Password: _____ ***Required* Board Use Only**

Will you offer the Board approved TCSG Health & Safety course? Yes ___ No ___ CE Hours: **3**

- | | |
|---------------------------|--------------------|
| 1. Name of Course: _____ | CE Hours: 2 |
| 2. Name of Course: _____ | CE Hours: 2 |
| 3. Name of Course: _____ | CE Hours: 2 |
| 4. Name of Course: _____ | CE Hours: 2 |
| 5. Name of Course: _____ | CE Hours: 2 |
| 6. Name of Course: _____ | CE Hours: 2 |
| 7. Name of Course: _____ | CE Hours: 2 |
| 8. Name of Course: _____ | CE Hours: 2 |
| 9. Name of Course: _____ | CE Hours: 2 |
| 10. Name of Course: _____ | CE Hours: 2 |
| 11. Name of Course: _____ | CE Hours: 2 |
| 12. Name of Course: _____ | CE Hours: 2 |
| 13. Name of Course: _____ | CE Hours: 2 |
| 14. Name of Course: _____ | CE Hours: 2 |
| 15. Name of Course: _____ | CE Hours: 2 |
| 16. Name of Course: _____ | CE Hours: 2 |
| 17. Name of Course: _____ | CE Hours: 2 |
| 18. Name of Course: _____ | CE Hours: 2 |
| 19. Name of Course: _____ | CE Hours: 2 |
| 20. Name of Course: _____ | CE Hours: 2 |
| 21. Name of Course: _____ | CE Hours: 2 |
| 22. Name of Course: _____ | CE Hours: 2 |
| 23. Name of Course: _____ | CE Hours: 2 |
| 24. Name of Course: _____ | CE Hours: 2 |
| 25. Name of Course: _____ | CE Hours: 2 |
| 26. Name of Course: _____ | CE Hours: 2 |
| 27. Name of Course: _____ | CE Hours: 2 |
| 28. Name of Course: _____ | CE Hours: 2 |

LIST OF COURSES TO BE OFFERED **ONSITE**

****Do Not Include Instructor Courses****

Course Location: _____ Date: _____

Will you offer the Board approved TCSG Health & Safety course? Yes ___ No ___ CE Hours: **3**

- | | |
|--------------------------|--------------------|
| 1. Name of Course:_____ | CE Hours: 2 |
| 2. Name of Course:_____ | CE Hours: 2 |
| 3. Name of Course:_____ | CE Hours: 2 |
| 4. Name of Course:_____ | CE Hours: 2 |
| 5. Name of Course:_____ | CE Hours: 2 |
| 6. Name of Course:_____ | CE Hours: 2 |
| 7. Name of Course:_____ | CE Hours: 2 |
| 8. Name of Course:_____ | CE Hours: 2 |
| 9. Name of Course:_____ | CE Hours: 2 |
| 10. Name of Course:_____ | CE Hours: 2 |
| 11. Name of Course:_____ | CE Hours: 2 |
| 12. Name of Course:_____ | CE Hours: 2 |
| 13. Name of Course:_____ | CE Hours: 2 |
| 14. Name of Course:_____ | CE Hours: 2 |
| 15. Name of Course:_____ | CE Hours: 2 |
| 16. Name of Course:_____ | CE Hours: 2 |
| 17. Name of Course:_____ | CE Hours: 2 |
| 18. Name of Course:_____ | CE Hours: 2 |
| 19. Name of Course:_____ | CE Hours: 2 |
| 20. Name of Course:_____ | CE Hours: 2 |
| 21. Name of Course:_____ | CE Hours: 2 |
| 22. Name of Course:_____ | CE Hours: 2 |
| 23. Name of Course:_____ | CE Hours: 2 |
| 24. Name of Course:_____ | CE Hours: 2 |
| 25. Name of Course:_____ | CE Hours: 2 |
| 26. Name of Course:_____ | CE Hours: 2 |
| 27. Name of Course:_____ | CE Hours: 2 |
| 28. Name of Course:_____ | CE Hours: 2 |
| 29. Name of Course:_____ | CE Hours: 2 |
| 30. Name of Course:_____ | CE Hours: 2 |

LIST OF COURSES TO BE OFFERED ONLINE
INSTRUCTOR ONLY

COURSES MAY NOT EXCEED 7.5 HOURS

Website address: _____

Username: _____ Password: _____ ***Required* Board Use Only**

Will you offer the Board approved TCSG Health & Safety course? Yes ___ No ___ CE Hours: **3**

1. Name of Course: _____ CE Hours: _____
2. Name of Course: _____ CE Hours: _____
3. Name of Course: _____ CE Hours: _____
4. Name of Course: _____ CE Hours: _____
5. Name of Course: _____ CE Hours: _____
6. Name of Course: _____ CE Hours: _____
7. Name of Course: _____ CE Hours: _____
8. Name of Course: _____ CE Hours: _____
9. Name of Course: _____ CE Hours: _____
10. Name of Course: _____ CE Hours: _____
11. Name of Course: _____ CE Hours: _____
12. Name of Course: _____ CE Hours: _____
13. Name of Course: _____ CE Hours: _____
14. Name of Course: _____ CE Hours: _____
15. Name of Course: _____ CE Hours: _____
16. Name of Course: _____ CE Hours: _____
17. Name of Course: _____ CE Hours: _____
18. Name of Course: _____ CE Hours: _____
19. Name of Course: _____ CE Hours: _____
20. Name of Course: _____ CE Hours: _____
21. Name of Course: _____ CE Hours: _____
22. Name of Course: _____ CE Hours: _____
23. Name of Course: _____ CE Hours: _____
24. Name of Course: _____ CE Hours: _____
25. Name of Course: _____ CE Hours: _____
26. Name of Course: _____ CE Hours: _____
27. Name of Course: _____ CE Hours: _____
28. Name of Course: _____ CE Hours: _____

LIST OF COURSES TO BE OFFERED ONSITE
INSTRUCTOR ONLY

COURSES MAY NOT EXCEED 7.5 HOURS

Course Location: _____

Will you offer the Board approved TCSG Health & Safety course? Yes ___ No ___ CE Hours: **3**

- | | |
|---------------------------|-----------------|
| 1. Name of Course: _____ | CE Hours: _____ |
| 2. Name of Course: _____ | CE Hours: _____ |
| 3. Name of Course: _____ | CE Hours: _____ |
| 4. Name of Course: _____ | CE Hours: _____ |
| 5. Name of Course: _____ | CE Hours: _____ |
| 6. Name of Course: _____ | CE Hours: _____ |
| 7. Name of Course: _____ | CE Hours: _____ |
| 8. Name of Course: _____ | CE Hours: _____ |
| 9. Name of Course: _____ | CE Hours: _____ |
| 10. Name of Course: _____ | CE Hours: _____ |
| 11. Name of Course: _____ | CE Hours: _____ |
| 12. Name of Course: _____ | CE Hours: _____ |
| 13. Name of Course: _____ | CE Hours: _____ |
| 14. Name of Course: _____ | CE Hours: _____ |
| 15. Name of Course: _____ | CE Hours: _____ |
| 16. Name of Course: _____ | CE Hours: _____ |
| 17. Name of Course: _____ | CE Hours: _____ |
| 18. Name of Course: _____ | CE Hours: _____ |
| 19. Name of Course: _____ | CE Hours: _____ |
| 20. Name of Course: _____ | CE Hours: _____ |
| 21. Name of Course: _____ | CE Hours: _____ |
| 22. Name of Course: _____ | CE Hours: _____ |
| 23. Name of Course: _____ | CE Hours: _____ |
| 24. Name of Course: _____ | CE Hours: _____ |
| 25. Name of Course: _____ | CE Hours: _____ |
| 26. Name of Course: _____ | CE Hours: _____ |
| 27. Name of Course: _____ | CE Hours: _____ |
| 28. Name of Course: _____ | CE Hours: _____ |
| 29. Name of Course: _____ | CE Hours: _____ |

REQUIRED DOCUMENTS MUST BE SUBMITTED

The following documentation is required to accompany all CE Provider applications. Please number each required form with the corresponding criteria. Place a check mark beside each to indicate that it is included in the application packet.

REQUIRED DOCUMENTS (Onsite and Online CE Courses)

- ☐ 1. An electronic copy (Thumb or Jump Drive) of proposed curriculum (not an outline) for each course in a Windows compatible format. Please do not submit the TCSG Health & Safety curriculum. The TCSG curriculum may be found under the "Application/Forms Downloads" tab on the Board's website at: www.sos.ga.gov/plb/cosmetology
- ☐ 2. Lesson plan of 2-hour elective cosmetology or barber related course subject matter to include class curriculum with hourly breakdown/description with break-time allowance.
- ☐ 3. List of person(s) teaching with a summary of qualifications.
- ☐ 4. Number of CE hours for each Instructor course. Courses must be listed individually on certificate.
- ☐ 5. Certificate to be used as written proof of course completion for participants. Certificate must include: (please see example)
 - a. Provider's name and registration number
 - b. Participant's name and license number (if applicable)
 - c. Course name and number (listed individually).
 - d. Date of completion
 - e. Course location
 - f. Number of hours awarded
 - g. Name of Instructor
 - h. Unique serial number
- ☐ 6. Sample sign in sheet.
- ☐ 7. Proposed date and location of each course(s).
- ☐ 8. Course evaluation form.

Incomplete applications will not be accepted.
Please include ALL required documents before submitting.